No. **W 6622**	**Due no later than Jul 31, 2012**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** LINEBERRY ORTHODONTICS, PLLC LAURA K LINEBERRY 13059 W PERSIMMON LN BOISE ID 83713 USA	LAURA K LINEBERRY 13059 W PERSIMMON LN BOISE ID 83713 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	LAURA K LINEBERRY	3040 N FIVE MILE RD	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 6622**	Signature: Laura K Lineberry	Date: 05/17/2012
	Name (type or print): Laura K Lineberry	Title: Owner

Processed 05/17/2012

* Electronically provided signatures are accepted as original signatures.